## • TEAM AND TEAM PERSONNEL REGISTRATION FOR ELIGIBILITY FORM • NATIONAL AMATEUR BASEBALL FEDERATION, INC / AABC

(PLEASE CHECK APPROPRIATE AGE GROUP BELOW)

$\boxtimes$								
MAJOR	COLLEGE	SENIOR	HIGH SCHOOL	JUNIOR	SOPHOMORE	FRESHMAN	ROOKIE	
Unlimited	22 & Under	18 & Under	17 & Under	16 & Under	14 & Under	12 & Under	10 & Under	
Franchise Name: Cincinnati Recreation Commission					State: OH			
eague Name:				Team Name:				

## INDIVIDUAL TEAM CERTIFICATION FOR ELIGIBILITY

Player certification list. Each association must provide an eligibility list from each team in their league 15 days prior to registration date of the tournament. Mail eligibility list to NABF Headquarters or designated location.

## (Please type the following information)

NOTE: Under rule 3.20 d	all players must show perma	nent legal residence a	s of February 1 <sup>st</sup> current year	
PLAYER'S FULL NAME	BIRTH DATE	PERMANENT RES	SIDENCE ADDRESS – CITY	– STATE - ZIP
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
Team Manager:	Coa	Coach:		
Address	Address		Address	
State Zip Code	State	State Zip Code		Zip Code
Phone No. ( )	Phone No. ( )	Phone No. ( )		
	Certified by Franchis	se (league) Director		
Name/Title Kathy Lang/Supe	ervising Recreation Coordina	utor		

Date

Signature